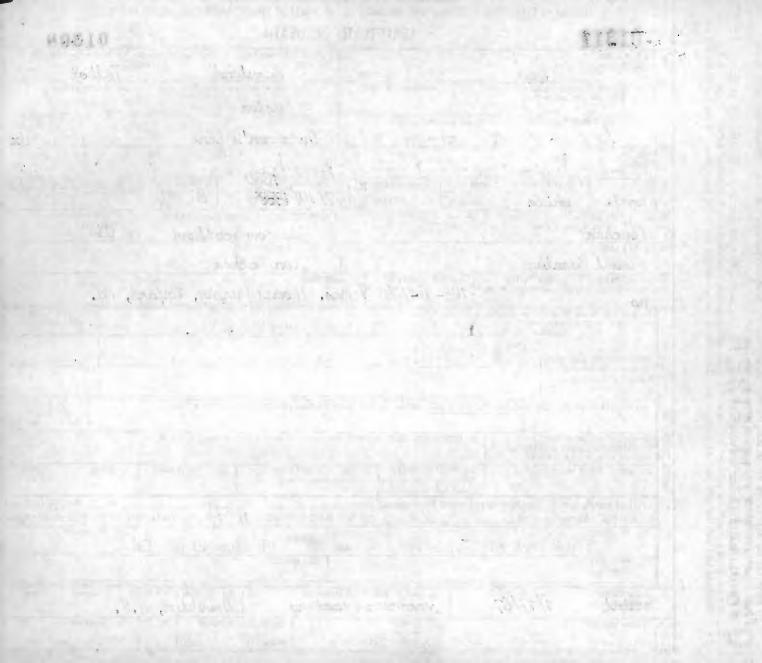
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01312 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY ... o: STATE ond 3 to M3. Page MARYIAND ent c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carparate limits, c. CITY OR corporate limits, write RURAL and give negrest town) 2, o. PM3. P write RURAL and give neorest town) Deport d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS along with farm hours ON A FARM? Give Poges ate after death. NAME OF Day DECEASED OF DEATH & 29 within (Type or print S. SEX 6 COLOR 7 MARRIED NEVER MARRIED (In years IF UNDER 1 YEAR IF UNDER 24 HRS pirthday) Months Days Hours WIDOWED DIVORCED event 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT INDUSTRY ESTATE COUNTRYSA AUD pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pend unk unk puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 'pending'' ir ef Medical ( permit. or removal. (Yes, na. or unknown) (If we give war or dates of service Adolph Pretzler, RFD Easton, Md. IB. CAUSE OF DEATH (Enter only one cause per ling-(or (a), (b), and (ε). INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: DECKSION ONSET AND DEATH IMMEDIATE CAUSE (a) certificate should writing the word cremation, DUF TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse forworded last. buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO the rertificate 2 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part I) of item 18.) ogent, prior PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20e, PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Not While at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry and in my apinian moy be retained for FUNERAL DIRECTOR: death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY or DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy FO FUNE Health Address (Street, city, tawn, or county) NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify)
Burial Woodlawn 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01313 requires that the deoth certificate be executed within 24 haurs after deoth and completely filled in by the funeral remove corbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Maryland b. COUNTY albox Albol ve corbon papers. Pages 1 event, within 72 hours after MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) cond. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO NAME OF de remove corbon 4. DATE Month Уеаг DECEASED OF 1960 Type or print DEATH memale AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE NEVER MARRIED last birthdoy Months Haurs white Dovs WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if refired) INDUSTRY Wicomico Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nattie Davis burial, cremotion, or remover Massin Morgan IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) no signed by the o INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per\_line for PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE be retained by the hospital or ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO ertificate has been s ed far use as the b . of Health prior to b stating the underlying couse last. WAS AUTOPS Y PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES " NO this certificate ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Hour a.m. Nat While at work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from and that death occurred at 535k M, from couses and on the date stated above. sow the deceosed alive an 22b. DATE SIGNED 22h ASIGNATURI **ATTENDING** STAFF PHYS. M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23c. 23d. LOCATION (City or Town) (County) (State) Uxtord ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE FUNERAL DIRECTOR

01510 La inches 12/1600 Live and Str James Nillery . Inches The course sellen to the course of the cours Rosellines Hiteralia MYNET. winter of H turnels MI Robert M. M-Donald ASHIMERST, Easter, ING. Leader Port 121 Lance

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death, and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY OLINE by the fine Pages 1 urs after TALBOT MARYLAND b. CITY DR TDWN (If outside corporate limits. c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write BURALI Ind give nearest town) oon papers. Pag within 72 hours 24 hours = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) completely filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOUSE THE PINES EASTON BX ND X YES death certificate be executed within carbon 3. NAME DE First Middle DATE Month Dav Year Last 4. DECEASED JAN. 1967 (Type or print) DEATH and con 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Days म Hours WIDOWED IX DIVORCED [ physician n please 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY SIN Then p 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Then SANGST ON D 191 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16, SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) T. NICHOLS burial-transit perm burial, cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: 5 days IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) been gave rise to immediate has been as the prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health p PERFORMED? certificate NO D YES 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) thed f After this celd be detached State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work should th the S FUNERAL DIRECTOR: A director, page 3 should should be filed with the 1966 21. I certify that (I) (this hospital) attended the deceased from. 10 4m 19. and that death occurred at 2 4 M. from the causes and on the date stated above. 19 saw the deceased alive on. 22a. SIGNATURE 22h. DATE SIGNED STAFF ATTENDING PHYS. 6 DIRECTOR PHYS. M.D. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01313 01316 death. certificate be executed within 24 haurs after death by the funeral Pages I and 2 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY haurs after MARYLAND b CITY OR TOWN (If autside corporate umits, C LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) IDORNE and campletely filled in ease remave carbon papers. and in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give/street address), d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO S NAME OF Middle 4 DATE Month Year First Lost DECEASED 19 DEATH (Type or print) 5 SEX AGE (In years JE UNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** OF BIRTH lost birthdoy) Months Dovs Hours PEMALE WIDOWED DIVORCED 12 CITIZEN OF WHAT 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY HWH 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remayal. WRIGHTSON WISON WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address requires that the death (Yes, no, or unknown) (If yes give wor or dotes of service crematian, 18. CAUSE OF DEATH (Enter only one couse per the for (a), (b), signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may Le retain≡d by th≡ haspital ar ≡ttending physician. DUE TO buria!, Conditions, if ony, which gove rise to immediate couse (a), DUENO stoting the underlying couse as the priar to O FUNERAL DIRECTOR: After this certificate has been las I. PART II STHER SIBERICANT CONDITIONS CONGREGATING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN OF PART 1(0). WAS AUTOPSY PERFORMED? shauld be detached far use with the State Dept. of Health NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INSURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While ot work of work certify that (1) (this hospital attended the deceased fram. 19/2 that (I) (we) last and that death accurred at 100 M, from causes and an the date stated above the deceased alive an 22b. DATE SIGNED **ATTENDING** director, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS NAME (Type) R. Lane Wroth St. Michaels. Maryland 23c NAME OF CEMETERY OR CREMATORY BUR AL CREMATION, 236. DATE THEREOF (State) REMOVAL (Specify) 25b REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 25o. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01317 CERTIFICATE OF DEATH 01314 requires that the death certificate be executed within 24 hours after death. director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, begardony event, within 72 hours after death. by the funeral Pages 1 and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY n. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside caroarate write RURAL and give nearest town dask e IS RESIDENC d. STREET ADDRESS and completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES MO DATE 3 NAME OF Middle Month Day Year First Last DECEASED OF DEATH 19 (Type or print) IF LINDER 1 YEAR DATE OF BIRTH AGE (in years IF UNDER 24 HRS S. SEX OR RACE 6. COLOR 7 MARRIED NEVER MARRIED last, buthday) DIVORCED WIDOWED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g USJAL OCCUPATION (Give kind of work done during most of working me, even it retired) INDUSTRY MARYLAN 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME FRUBB 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, pringlynawn) (If yes give war or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p GOSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) be retoined by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II at item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d, INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (County) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur o.m. Not While at wark at work 21. I certify that (I) (this hospital), attended the deceased fram. and that death accurred at 12 2 M. from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURI **ATTENDING** M.D PHYS DIRECTOR Easton, 22c. PHYSICIAN Maryland 1/30/67 NAME (Type DATE THEREOF 23c. NAME-OF CEMETERY, OR CREMATORY LOCATION (City or Town) (Coupty) (State) BUR AL CREMATION REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 250. REC'D BY REGISTRAR VR A15 (4) DAKE B

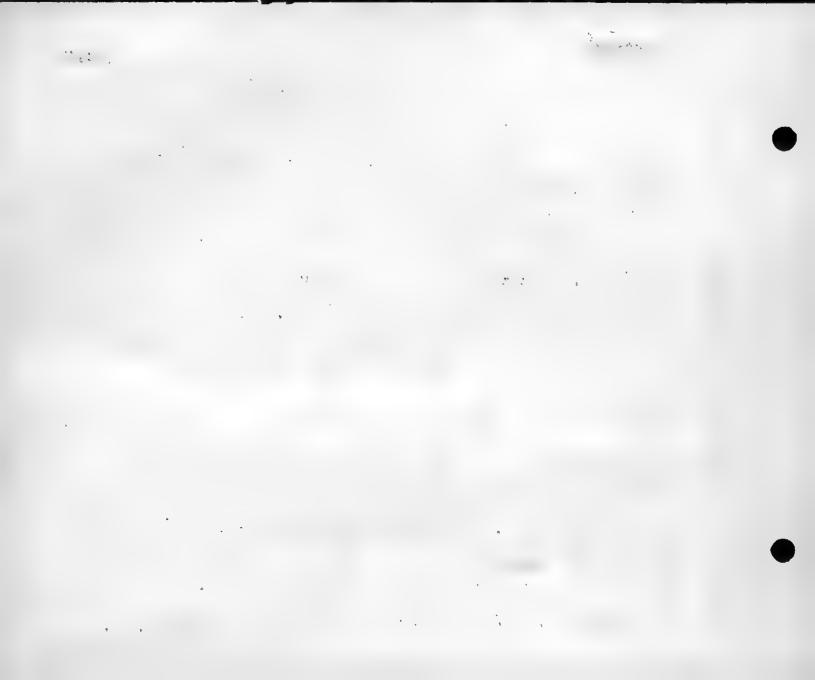


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01318 CERTIFICATE OF DEATH 01315 icate be executed within 24 haurs after death. death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) campletely filled in by the funeral nove carban papers Pages 1 and PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Talbox MARYLAND priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after CITY OR TOWN (If autside carparate limits write RURAL and give nearest town) CLENGTH OF STAY IN 16 b CITY OR TOWN (If autside carporate limits write RURAL and give negrest tawn Tilohman. d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) please remove carban papers NO Y YES | 3 NAME OF Middle 4 DATE Month Day Year First Lost 0F DECEASED 19 6 DEATH (Type or print) IF UNDER 24 HRS DATE OF BIRTH 1F UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years urthdoy) Months Days Hours male WIDOWED DIVORCED gud 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 10g. USUAL OCCUPATION (Give kind of work done during most of working interest in an wall during most of working interest in the control of the INDUSTRY physician New York 14 MOTHER'S MAIDEN NAM Emma Ann French IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attendi permit. (Yes, no, or unknown) (If yes give wor or dates at service) Mrs. Walter B. Freeman. Tilahman. Md. INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one cause per signed by the burnal-transit p PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been last PART II TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THEATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? director, page 3 should be detached far use should be filed with the State Dept. of Health NO 200 ACCIDENT WAS UNDERLYING [ INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour a.m factory, street, affice bldg , etc.) Not While at work at work 21 Deertify that (1) (this hospital) attended the deceased fram 1966 (that (1) (<del>we)</del> last and that death accurred at 11 A M, from causes and an the date stated above saw/the/deceased alive an 22b DATE SIGNED **ATTENDING** M.D DIRECTOR PHYS. PHYS 22d. ADDRESS R. Lane Wroth St. Michaels, Maryland 1/22/67 M. D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) St. Barnabas (emeteru emple ADDRESS 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE leaveler VR A15 (4) DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01319 requires that the death certificate be executed within 24 haurs after death ond physician and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY Dorchester 1 MARYLAND b. CITY OR TOWN (If autside corporate limits. ¿ LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give regrest town) ve carbon popers Po d STREET ADORESS e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Church Street NO X YES 3. NAME OF Year Lost DECEASED DEATH 19/-(Type or print) AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost puthday) Months Hours Nov. 9, 1966 male WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT CPYNCIRY ? during most of working life, even if retired) **ENDUSTRY** Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert B. Gardner Beverly Swain the offending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) permarion ar Robert B. Gardner burial, cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by t IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a) DUE TO stoting the underlying couse Poge 4 may be retained by the hospital or attending prior to been os the last. WAS AUTOPSY PARFORMED? hos PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) State Dept. of Heolth NO this certificate ور 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While ot work at work O FUNERAL DIRECTOR: After a to 1/13. , 1967, that (I) (we) last 2) I certify that (1) (this haspital) attended the deceased fram 12.15.66, 19. 1967, and that death accurred at 12 MM, fram causes and an the date stated above. saw the deceased alive an\_\_\_\_\_\_ 22b. DATE SIGNED 22o, SIGNATURE STAFF PHYS. 1/16/67 HYS 22d ADDRESS Laston, director, page 3 should be filed v DIRECTOR M.D. 22c. PHYSICIAN'S Maryl and 1/16/67 Ali Mehrizi NAME (Type) 23a BUR AL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) POWE GOLD Arlington. Arlington National Va 2So. REC'D BY REGISTRAR 2Sb. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01320 completely filled in by the funeral nove carbon papers Pages Y and 2 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o COUNTY MARYLAND b CITY OR TOWN (If auts de carparate limits, waste RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Easten, Maryland 2 Krs 30 Mis d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 35 Lecust Street YES 🗔 NO ficate be executed within Middle 4. DATE Month NAME OF First Doy Year remove carbon OF DECEASED DEATH and in any event, (Type or pant) (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF B RTH 9. AGE SEX 6 COLOR OR RACE **NEVER MARRIED** birthday) Hours Months Doys 10-26-1960 Male Negre DIVORCED Inysician and in please remi 12. CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind at work done 106 KIND OF BUS NESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) Autonobile Trappo, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal, Then Samuel Addison Gibson Harriett Leuise Scett the attendage 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknawn) [If yes give war ar dates af service] 17. INFORMANT Address 16 SOCIAL SECURITY NO. The law requires that the deast permit 220-26-1048 Evelym Gibsem(wife) same as above INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by be retained by the hospital or attending physician. DUE TO burial, Conditions, if ony, which gave nse to immediate cause (o). DUF TO for use as the l Health prior to b stating the underlying cause this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) . WAS AUTOPSY PERFORMED? AFDICAL CERTIFICATION NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 1B.) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c TIME OF INJURY Month, Day, Year Haur a.m. Not While factory, street, affice bldg., etc.) Page 4 may be retained by no FUNERAL DIRECTOR: After at wark should 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR EZUL M.D. PHYS director, page 3 22d ADDRESS 22c. PHYSICIAN'S RICHARD NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b DATE THEREOF (County) 230 BUR AL CREMATION, REMOVAL (Specify) Jan 14,1967 Easten. Talbet Richard's Cemetery Maryland 9 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2Sq. IIIC'D BY IMIGISIMAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Miarley Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. 013 18 01321 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY af death. MARYLAND CLENGTH OF STAY IN 16 ( t outside carparate fimits. c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) pup write RURA, and give nearest town) 2 HRS d NAME OF HOSPITAL OR INSTITUTION (finot in hospita, give street oddress)

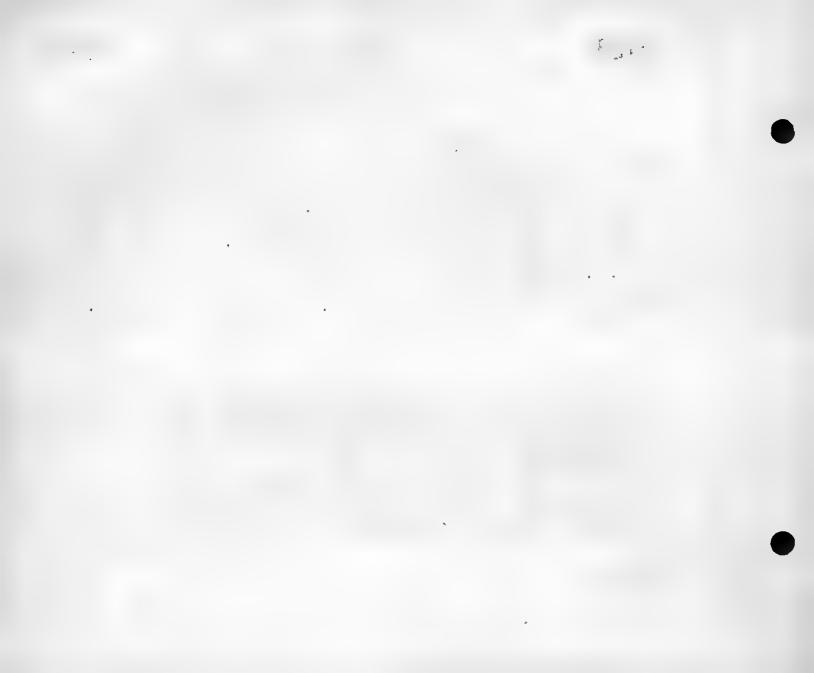
NEMORIAL HOSPITAL d STREET ADDRESS e IS RESIDENCE ON A FARM? within 72 haurs 2757 H. amila NO X 3 NAME OF Middle 4. DATE Year DECEASED MOYER 1967 ALIFN DEATH (Type ar print) 7. MARRIED YF AR S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (In years IF JNDER IF UNDER 24 HRS last birthday) Manths 2-20-03 WIDOWED DIVORCED [ event 1 10a USJAL OCCUPATION (Give kind of wark dane Ob. KIND OF BUSINESS OR 1 BIRTHPLACE (State or fare an country) 2 CIT ZEN OF WHAT COUNTRYISA during most of working like even it refired)
Civil Engineer INDUSTRY Baltimore Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Minnie Hinners Jacob F. Grav Mrs. Elizabeth R. Gray 15 WAS DECEASED EVER IN J. 5. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes ag, or unknown) (if yes give wor or dates of service) pending 4-40-4497 cremation, or remaya The Alameda no peri 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) MULTIPLE FRACTURES, RIBS & STERNUM, HEMOTHORA X BALAT PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) XIX X ILATERAL SUB-ARACHNOID HEMORRHAGES Conditions, if any, which gave rise to immediate cause (a). DUE TO This certificate stating the underlying couse AUTO ACCIDENT 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YESX X NO designated agent, priar to 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Part L or Part L of item 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or fown) (Caunty) (State) Hour a.m. factory, street, office bldg., etc.) c8P at work not While at work NEWCOMB TALBOT Mo 21 I certify that I taak charge of the remains described above, held an Autapsy K , Inspection . Inquiry . and in my apinian death resulted fram. Natural causes . Accident X. Suicide . Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1-22-67 F O RDEPUTY MEDICAL EXAMINER K **EXAMINER'S** ro FUNEI Health LOUIS.S. WELTY Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23d LOCATION (City or Town) 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) Woodlawn Md. Jan. 25. 1967 Woodlawn Cemetery 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15ME (5)



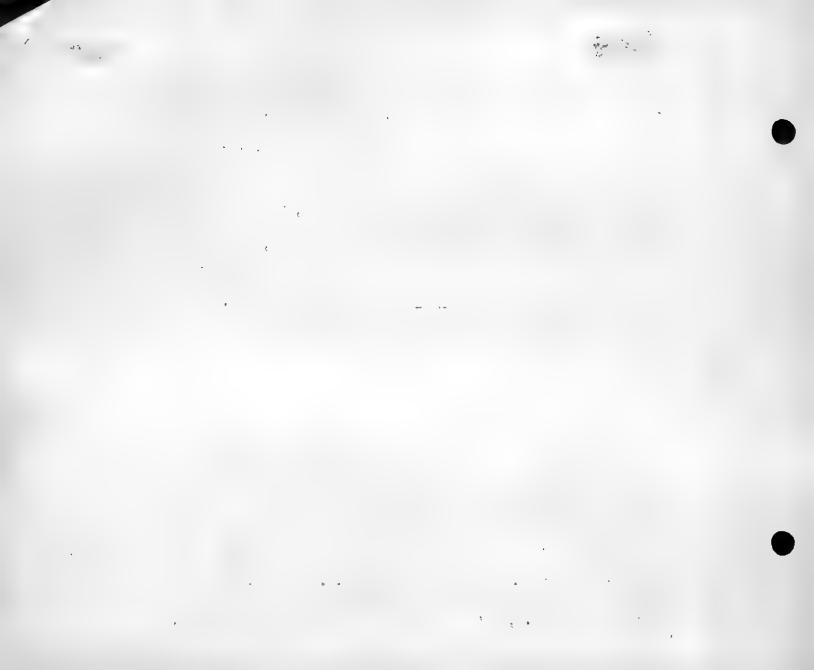
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01322 01319 executed within 24 hours after death ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed leved, if institution. Residence before admission) funeral a COUNTY T'A T. FOOT a STATE RYLLIND TA THEY WIT MARYLAND ictan and campletely filled in by the fur lemse remove corban papers. Pages 1 ond in any event, within 72 hours after MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate limits, OXI and give nearest town) Oxford, Maryland Life d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? General Delivery Neme YES NO I NAME OF Middle Last 4. DATE First Month Day Year DECEASED THOMAS GREEN Jan 22, 1967 (Type or print) 19 DEATH IF UNDER 24 HRS IF UNDER 1 YEAR 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** birthday) Days Hours June 24,1894 Negro Male WIDOWED DIVORCED 10o. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT TI SOUNTRY? plemse Star Keeper physician Bellevue, Maryland requires that the death certificate 14. MOTHER'S MAIDEN NAME 13 FATHERS NAME Goorge Green signed by the ottending physic burial-tronsit permit. Then pl burial, cremation, or removal, Helen Brummell 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na. ar unknawn) (If yes give war or dates of service) (widew) Evelyn Green (same as abeve) 709-12-4844 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physicion. DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse be detached for use os the State Dept. of Health prior to has been last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IFICATION. NO certificote 20o ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Dov Year 20d INJURY OCCURRED (City or town) (County) (State) JO FUNERAL DIRECTOR: After this Hour om. factory, street, affice bldg, etc.) Not While ATTENDING at work 1967, that (1) (lost 2), 1 certify that (I) (SM al) attended the deceased fram. be filed with the RM, fram causes and an the date stated above. 1967, and that death accurred at\_ saw the deceased alive an 224 SIGNATURE DATE SIGNED 22b ATTENDING MED DIRECTOR STAFF M.D. 22c. PHYSICIAN'S R.M. McDONALD 22d. **ADDRESS** South Hansen St. Easten, Md. director, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR) 23d LOCATION (City or Town) 23a BURIAL, CREMATION (State) (County) BUREMOVAL (Specify) Jan 26,1967 Oxford, Talbet Screamersville Comt. Md. **ADDRESS** 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. Charley Dashiell Funeral Heme, 1967 Easton, Ma.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01323 24 hours after death ottending physician and campletely filled in by the funeral permit. Then please remove corbon popers. Pages 1 and 3 on ar remaval. and in any event, within 72 hours after degth. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Maryland Caroline MARYLAND b CITY OR TOWN (If auts de carparate limits, c LENGTH OSSTAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town Preston - Rural S RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO RC MORIGA death certificate be executed within 3. NAME OF 4. DATE Year First Middle Last Month Doy DECEASED 19 (Type or pnnt) DEATH IF JINDER I YEAR IF UNDER 24'HRS S SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days Haurs ept. 16. Female White 1896 WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Housework INDUSTRY Caroline Co., Maryland Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Emma Bowdle D. I. Patchett 16 SOCIAL SECURITY NO. 17 INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, na, or unknown) (If yes give war or dates af service) Unknown Mrs. Nellie Hopkins, Preston, Md. No cremotion, INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter any one couse per line far (a), (b), and (c)) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) þ DUE TO signed buriol, Conditions, if any, which gove rise to immediate cause (a) DUE TO offending p os the prior to stating the underlying cause has been pertensive cardiovascular dis. last. WAS AUTOPSY PERFORMED? 19 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Heolth NO O FUNERAL DIRECTOR: After this certificate the hospital or 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH ö detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED foctory, street, office bldq., etc.) Hour a.m. While Not While at work 21. I certify that (I) (this haspital) attended the deceased fram 1964010 Jake Page 4 may be retained should 19 67, and that death accurred at 1127M, from causes and an the date stated above saw the deceased alive an Jan. 22b. DATE SIGNED 220. SIGNATURE-STAFF PHYS. **ATTENDING** M.D 22c. PHYSICIAN S NAME (Type) director, 0 23d. LOCATION (City or Tawn) 23c NAME OF CEMETERY OR CREMATORY (County) (State) shoul 23b. DATE THEREOF 23a BURIAL, CREMATION REMOVAL (Specify) Jan. 14, 1967 Union Grove Cemetery Near Preston, Maryland 25h, REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral s. Pages 1 and 2 requires that the death certificate be executed within 24 haurs after death 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission o. COUNTY nd campletely filled in by the fur gemave carban papers. Pages 1 Jany event, within 72 haurs after acho7 MARYLAND c CITY OR TOWN (If autside corporate irmits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate Fmits, c LENGTH OF STAY IN 1b. write RURAL and give negrest town) RIDGELY, MARYLAND E aston d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Bex# 293, Lincoln Street YES NO T Movia Middle 3 NAME OF First. Lost 4 DATE Month Day Year DECEASED 30 Groce 19 6 7 (Type or print) DEATH mas IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX DATE OF BIRTH 9 AGE (In years NEVER MARRIED birthdoy) Male Jan 25.1903 Negre DIVORCED 12. CITIZEN OF WHAT 10o JSJAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) NODUSTRY COUNTRY? physician ( Ridgely, Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval Linnie Satterfield Wilbert Grece 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address signed by the attendii burial-transit permit. (Yes, no, ar unknown) (If yes give war ar dates of service) (widew) Beatrice B.Grece (same as above) 217-28-3399 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) الترويت DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TO stating the underlying couse be detached for use as the State Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIF CATION YES NO O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year Hour a.m. foctory, street, office olda, etc.) of work ot work 21. I certify that (I) (this hospital) attended the deceased from . 19\_\_\_\_, that (I) (we) last . ta and that death occurred at -5 4 M, from couses and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE Robert W. Trenery 1/30/67 director, page 3 shauld be filed v M.D DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Robert W. Trever M.D. Easton, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF (Stote) (County) BURNIVAU(Specify) Careline Feb. 2.1967 Denten Cometery Md 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01325 death. certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY **b** COUNTY please remave carban papers. Pages 1, and in any event, within 72 haurs after MARYLAND b. (ITY OR TOWN (If outside corporate imits C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RJRAL and give nearest town) 0 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM NO Z YES [ 3 NAME OF Middle 4. DATE First Month Doy Year OF DECEASED 30 1967 DEATH IF UNDER I YEAR IF LINDER 24 HRS DATE OF BIRTH AGE (In years S SEX NEVER MARRIED pirthday) Months Doys Hours DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) ER AL 13. FATHER S NAME 14. MOTHER'S MAIDEN NAM burial, crematian, or remayal, 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? law remuires that the death (Yes, no or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN ONSIT\_AND-DEATH CAUSE OF DEATH (Enter only one couse per ine for (a), (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO Page 4 may be retained by the hosping.

FOR FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the director, page 3 should be detached for use as the stoting the underlying couse fost. WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20g ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) OR ATTENDING at work 21. I certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that death accurred at ALS M, from causes and an the date stated above 22b. DATE SIGNED 22 SIGNATURE ATTENDING DIRECTOR PHYS M.D. PHYS 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) BURIAL, CREMATION (County) 14 A E REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR VR A15 [4] 20 M 1/66 DATE

2.4

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01326 CERTIFICATE OF DEATH death. and in any event, within 72 haurs after death funera PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE o. COUNTY b. COUNTY. MARYLAND law requires that the death certificate be executed within 24 hours after attending physician and campletely filled in by the c LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside comparate limits, write RURA, and give nearest town) (If outside corporate imits. 3 WKS LAIBORIVE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO NAME OF Middle 4. DATE First Month Doy Year DECEASED 0F 1967 ANNA DEATH (Type or print S SEX AGE (In years JF JNDFR 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours DIVORCED WIDOWED 12. CITIZEN OF WHAT 10o USUA, OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY "WILKEEP 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT Address 16, SOCIAL SECURITY NO. permit. (Yes, no. of unknown) (If yes give wor or dotes of service burial, cremation, ar INTERVAL BET signed by the a burial-transit po CAUSE OF DEATH (Enter only one couse per line for fo) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar to lost DEATH BUT NOT REATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? CONDITIONS CONTRIBUTING YES | NO 20e ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED ((ity or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) of work at work TO FUNERAL DIRECTOR: After certify that (1) (this hospital) attended the deceased from and that death accurred at \_M, fram causes and an the date stated above. withe deceased alive on. ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS director, page shauld be filed 22d. ADDRESS NAME (Type) R. Lane Wroth St. Michaels BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) ING 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



Item 10 Fil: 3 5 2-9-67 arMARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120h 4 2 2 2		
FOR STATE	01107	CERTIFICATE OF DEATH DOA. 1130
HEALTH DEPT.	PLACE OF DEATH  COUNTY  TAIDOT  MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)  Maryland  Talbet
2, and a to	b. CITY OR TOWN (if outside corporate mits, c LENGTH OF STAY IN 1b write RLRAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Easten, Maryland
S 1,	d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress)  EHSTON MEMORIAL	d STREET ADDRESS 803 Dever Read 6 S RESIDENCE DN A FARM?  DN A FARM?  VES  ND [VES ND [VES ND ]]
after death If 8. Give Pages 1 olong with form with the State III with in 72 hour	3 NAME OF DECEASED (Type or print)  S SEX 6 COLOR QR RACE 7 MARRIED NEVER MARRIED	SEWEIII 4 DATE Month Doy Year 1967  B. DATE OF BIRTH 9 AGE (In years   IFUNDER   YEAR   IF UNDER 24 HRS
within 24 hours after death if to pendid in Item 18. Give Pages 1, Exampler's Office along with form File pages 1 and 2 with the State Page and in any event with in 72 hours.	100 USUA, OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR	11- 29- 1928   last birthdoy)   Months   Doys   Hours   Min
thin 24 hours of the solution	during no to work no life, even fretired)  13. FATHER'S NAME	Easten, Maryland COUNTSA  14. MOTHER'S MA DEN NAME
	No. 1 lot 1 . 7 . 1	Informant Address
CAL EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the word "pending" of pending in Item 18. Give Page of Should be forwarded to the Chief Medical Examiner's Office along with find far yaur files. CTOR: Page 3 should be used as a burial fro≡sit permit. File pages 1a≡d2 with the Statignated agent, prior to burial, cremation, or removal, and in any event within 72 hours.	18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c))  PART I. DEATH WAS CAUSED BY  **IMMEDIATE CAUSE (o) Focal autolysi  DUE TO  Conditions, if ony, which gove nose to immediate couse (o) stoting the underlying couse  DUE TO  DUE TO  DUE TO	s of the pancreas  O.42% with a trace of methylalcohol
s certific e, writing forwarde I used os o buriol,	WAS ALTD PSY PERFORMED?  YES NO   20	
ER: Thi certificat ould be es houm b		
SXAMIN of the ge 4 sh yaur fill Poge 3 s d agent	p.m. 17   of work     of work	ACE OF INJURY (Home, form, ctory, street, office bidg., etc.)  20f (City or town) (County) (Stote)
MED please direct direct DIREC ts des	21. I certify that I took charge of the remains described above, he death resulted fram: Natural couses , Accident , Su ACTUAL SIGNATURE	icide, Homicide, Undetermined monner  CHIEF MEDICAL EXAMÎNER  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  A DEPUTY MEDICAL EXAMINER  L-17-67
TO DEPUTY netessary, the funerol 5 may be TO FUNERAL Heolth or it	NAME (Type)  230 BURIAL, (REMATION, BUNDAL (Specify)  23b Date Thereof 23c. NAME OF CEMETERY DI RICHard:	Address (Street, city, town, or county)  C CREMATORY  23d LOCATION (City or Town) (County) (Stote)  Cometery Easter, Md. Talbet Md
VR AISME (5)	24. EMPRAL DIRECTOR DODRESS & Can	250 REC'D BY REGISTRAR 256 REGISTRARS SIGNATURE DATE JAN 24 1967 Icharley Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01328 CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) V o. COUNTY o. STATE Marvland **b** COUNTY Caroline MARYLAND CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RJRAL and give hearest townly Federalsburg - Rural nR. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street godress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Near Friendship YES X NO NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED A-12 6 2.5 OR a 19 6 (Type or print) DEATH SEX OLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED Jost birthdoy) Months Hours Frmale Feb. 13, 1890 Negro X DIVORCED WIDOWED 100 USJAL OCCUPATION (Sive kind of work done TOB. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWOYK INDUSTRY COUNTRY? Home Caroline Co., Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Zebbie Smith Mary Jane Ross 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give wor or dotes of service)] 17. INFORMANT 16. SOCIAL SECURITY NO Address No 220-01-4131 Grace Brewington, Philadelphia CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stating the underlying couse lost. 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or fown) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While of work at work 21. 1 certify that (1) (this haspital) attended the deceased from 19\_\_\_\_, that (I) (we) last \_M, fram causes and an the date stated above. , and that death accurred at saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** Robert W. = STAFF PHYS Jan. 25.1967 M.D. PHYS. DIRECTOR 22d. ADDRESS 22c, PHYSICIAN'S Easton, Maryland NAME (Type) BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Burial Jan. 28, 1967 Federalsburg, Maryland Federal Hill 250, REC'D BY REGISTRAR

25b REGISTRAR S. SIGNATURE

1967

be executed within 24 hours after death

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24 FUNERAL DIRECTOR

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O FUNERAL DIRECTOR: After

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Poge 4 moy be retained by the hospitol or attending physician.

and completely filled in by the funeral remove carbon papers. Pages 1 and

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2 1 6.1	Division of STATISTICAL RES	MARYLAND STATE DEP SEARCH AND RECORDS, 301		TIMORE, MARYLAND 2120	1
	01329	CERTIFICATE	OF DEATH	013	26
Poge 4 may be retained by the hospital or attending physician.  To HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death	PLACE OF DEATH O COUNTY  TAI BOT  b CITY OR TOWN III outside corporate limits	MARYLAND	C. CITY OR TOWN (If outside compo	osed lived, if institution Residence b COUNTY  orate limits write RURAL and give t	SOLENE
by the Pognary	write RURAL and give agorest town)		Rurai	() KN 28N	L - 10 Decidence
nn 24 h Illed in popers hin 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspite		d street address		9 IS RESIDENCE ON A FARM? YES NO X
d within cletely for corbon nt, with	3 NAME OF DECEASED (Type or print) HATTIE	Middle Hu	bbard 4. DATE OF DEAT	н /	Doy Year 28 1967
execute d comp move (	Fe white widow		DATE OF BIRTH 09-23-91	15 yis	Doys Hours Min.
ficote be e	10b JSUAL OCCUPATION (Give kind of work done during most of ylarking life even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or M. () Ruy LA		TRY 200
ph sp. ph sp. novol, c	13. FATHER'S NAME MALON	EY	MOSEP HIM	VE BEAUCH	AMP
ot the deoth cer the attending p nsit permit The mation, or remo	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (If yes give wor or dotes of service)	6. SOCIAL SECURITY NO IN	elson Huß	BARD Address DET	DE MO
equires that the deat physician. signed by the attend buriot-transit permit buriot, cremation, or r	1B. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	for (a), (b), and (c))	war bu	wient	INTERVAL BETWEEN ONSET AND DEATH
ires th ysician. ned by io!tro! io!, cre	Conditions, if ony, which gove ) (b)				
v requing phing to burn	rise to immediate cause (a), stating the underlying cause (c) DUE TO (c)	unana J	endructeur	и -	
Poge 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, director, page 3 should be detached for use as the buriol-transit permit. Then of should be filled with the State Dept. of Health prior to buriol, cremation, or removal.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CONDITION GI	VEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
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G PHY the ho r this a detach ite Dept	20c. TIME OF INJURY Month, Day, Year Williams		OF INJURY (Home, form, 20f ry, street, office bldg., etc.)	(City or town) (Coun	ty) (Stote)
FENDIN ned by R: Afte wild be the Sta	21 I certify that (I) (this haspital) att saw the deceased alive an		death accurred at 505	ta, 19 M, fram causes and an the	, that (I) (we) last date stated above.
OR ATI	220 SIGNATURE TURLE	rhous M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF 22b. DAT	ESIGNED -F167
PITAL of may be ERAL Defile	HYSICIAN S NAME (Type)		22d. ADDRESS		
O HOS Poge 4 O FUNI directo should	250 BJRJAL, (REMATION, 236 DATE THEREOF 2 For 196	7 23c. NAME OF CEMETERY OR CO	ra I	Year Denton	Caroline (41)
VR A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR	ay D Hoverin 6	250 REC'D BY REG!	1967 galantes	NATURE Surgar
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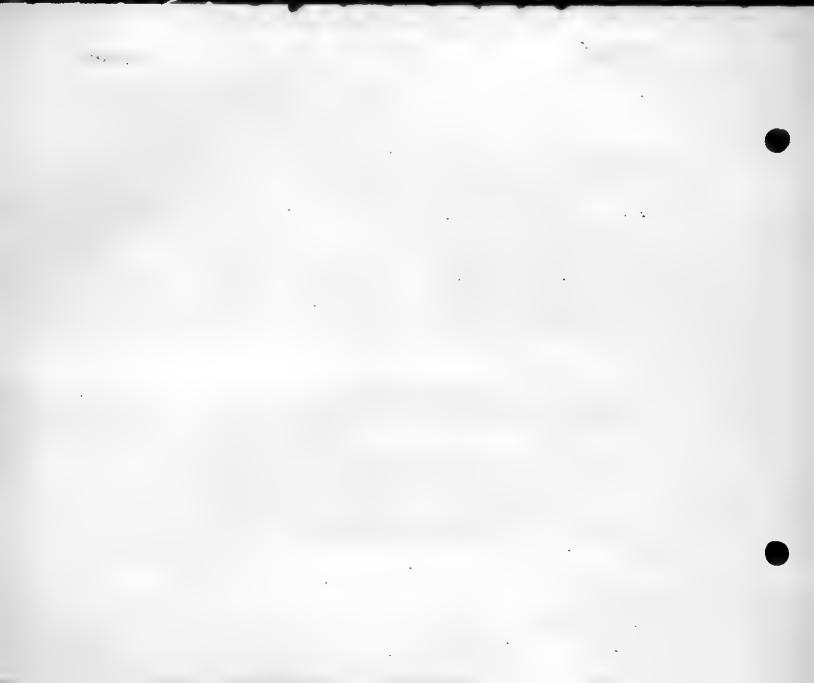
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01330 The law requires that the death certificate be executed within 24 hours ofter death. by the funeral Pages 1 and,1 ond in any event, within 72 hours often death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution TALBOT D COUNTY o. STATE MARYLAND b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give neutrest town) b CITY OR TOWN (If outside corporate limits, E. LENGTH OF STAY IN 16 5 months d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) completely filled in d STREET ADDRESS e IS RESIDENCE ON A FARM? Memerial Hespital, Easten, Maryland BOX# 179 YES 3 NAME OF DECEASED (Type or print) Middle Last 4. DATE Month Year **JOHNS** January 11, 1967 19 S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years 7. MARRIED NEVER MARRIED (lost\_birthdoy) Hours Male Negro DIVORCED THAY 2.1884 WIDOWED 100 USUAL OCCUPATION (Give kind of work done dorsing most of working life, even if retired) 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Kingston Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, Unknown Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES?

(Y 15 00, or unknown) (If yes give war ar dates of service)

16 SOCIAL SECURIT 16 SOCIAL SECURITY NO. 17 INFORMANT Address Memerial Hespital, Easten, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

ACUTE MYOCARDIAL INFARCTION INTERVAL BETWEEN ( HOUTOMS)T AND DEATH IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 moy be retained by the hospitol or attending physicion. **DUE TO** GENERALIZED ARTERIOSCIEROSIS Conditions, if any which gove rise to immediate couse (o), stoting the underlying couse CDRONARY ARTERIOSCLEROSIS YEARS director, page 3 should be detached for use as the should be filed with the State Dept, of Health prior to 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) UREMIA NO 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) While of work of work to Jan II. 21. I certify thos (this hospital) attended the deceased from July 1957, that (I) (we) lost 19 67, and that death occurred \$ 50 PM, from causes and on the date stated above sow the deceased alive on Jan O FUNERAL DIRECTOR: 22o. SIGNATURE 22b DATE SIGNED STAFF Jan 11,1967 PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S RICHARD F. TYSON 221 Glenwood Ave, Easten, Maryland 230. BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) Jan 16.1967 Chapel Cemetery Chapel. Maryland REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Dashiell Funeral Heme, Easten, Maryland DATE





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01332 by the funeral ... Pages I and 2-havrs after death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND ease remave carbon papers. Pages 1 and in any event, within 72 haurs after c. LENGTH OF STAY IN 18 c CITY OR TOWN (If jourside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in d. STREET ADDRESS e IS RESIDENCE d. NAME OF HOSP, IAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES 🗔 NO X 3. NAME OF Middle 4. DATE Month Dov Year DECEASED OF DEATH (Type or print) alone IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** Months burthday) Hours WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if refired) COUNTRY piease INDUSTRY MARY LAN 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME 3 shauld be detached far use as the burial-transit permit. Then purit the State Dept, af Health prior ta burial, crematian, ar remaval, 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the death (Yes, no, opunknown) (If yes give wor or dotes of service INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY signed by t IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) MEDICAL CERTIFICATION Caron ary all un eller NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port | or Port || of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While 19 ot work at work 21. I certify that (I) (this haspital) attended the deceased fram\_ 1964 saw the deceased alive an 2/ 1966, and that death accurred at 320 M, fram causes and an the date stated above 226. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING M.D directar, page shauld be filed 22d ADDRESS 22c. PHYSICIAN'S THURSTUN HARRISON NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) AKULTE 0 REGISTRAR'S, SIGNATURE ADDRESS VR A15 (4) 20 M 1/66



973	1	PLACE OF DEATH	2. USUAL RESIDE	NCE (Where de			ce before	e dmission)
	Æ	Talbot MARYLAND	o. STATE May	ruland	b. COUNT	Talbox	t	
		c. LENGTH OF STAY IN Ib write RURAls and give neerest town)	e. CITY OR TOWN	Af outside corp	orele limits, write	RURAL and give	nearest tov	wn)
			Caste			2	0.1	
1	'	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRES		0 1		e. IS R	ESIDENCE A FARM?
				reville	Koad		YES T	- NON
		NAME OF DECEASED Type or print)  Limen Warner Marvel	Lasi	4. DATE OF DEATH	Month	Jan	7 19	
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years )	IF UNDER 1 YEAR	IF UNDER	
		male white WIDOWED DIVORCED	3/27/1921		last birthday) (	Months Days	Hours	Min.
	10a do	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST 10b Annual March 10b Annual 10b	RY 11. BIRTHPLACE (SIE	te or foreign cou	ntry)	12. CITIZEN C	F WHAT	COUNTRY?
		ching most of working life, even if rollred) Filling Station	Maryla	ind.		USA		
	13.	FATHER'S NAME	14. MOTHER'S MAIDE					
	-1-	Elmen P. Marvel	I I Ama Wa	men				
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17., no. or unknown) ((1999 pryewarordalesof service)		As	Address	A		
		yes WW 17 218-03-0755 /	Irs. E. Warn	er Mary	el Fas			
ner's Office along with form PM3. Page as a burial-transit permit. File pages I an nation, or removal, and it, any event will	-	PART I. DEATH WAS CAUSED BY	10. 8.1.				TERVAL BE ISET AND	
		IMMEDIATE CAUSE (6) OF COLORS	( to horrow					<del></del>
		Condition if one which to						
		Conditions, if eny, which (b) geve rise to immediate ceuse						
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	z	eauso lost. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	N IN PART 1(a) 1	P. WAS	AUTOPSV
5	ATIO.		THE INTERIOR				PERFO	DRMED?
۶Т	<u>u</u>	20s. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Pert i or Pert II o	of Item 18.)		YES	NO 🚺
3	1		,					
5	CERTIFICATION	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.						
		CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, fa		or lown)	(County)		(State)
		CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL Hour e.m.   Whita Not Whita   16	ACE OF INJURY (Home, la		or lown)	(County)	10-10	(State)
	MEDICAL CERTIF	CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL   Hour e.m.   Whita   Not Whita   16e   p.m.   19   et work   et work	ctory, street, office bldg., e	tc.)			In my	
		CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Whila Not Whila 1	eld an Autopsy,	Inspection	Inquiry	/ [], and	În my c	
		CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Whila Not Whila 1 work 1 et work 21. I certify that I took charge of the remains described above, h	eld an Autopsy, cide Homicide	Inspection		/ [], and	În my c	
		CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour e.m., p.m. 19 20d. INJURY OCCURRED 20e. PL Whila Not Whila is work in the st work of the remains described above, he death resulted from: Natural causes Accident . Sui	eld an Autopsy, cide Homicide  CHIEF MEDICA	Inspection  Uno	Inquiry	anner 🔲		pinion
		CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Whila Not Whila 1 work 1 et work 2.  21. I certify that I took charge of the remains described above, h death resulted from. Natural causes Accident . Sui	eld an Autopsy, cide Homicide CHIEF MEDICA	Inspection  Und  EXAMINER	Inquiry	anner 🔲	in my c	pinion
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	MEDICAL	CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour e.m., p.m. 19 20d. INJURY OCCURRED 20e. PL Whita Not Whita 16 work et work 12. I certify that I took charge of the remains described above, he death resulted from. Natural causes Accident Signature  EXAMINER'S NAME (Type)  BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETRY C.	eld an Autopsy, cide Homicide CHIEF MEDICA ASSISTANT MI DEPUTY MEDIC Addrass (Streat	Inspection  Inspec	Inquiry determined ma	anner I		opinion  NED
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	WEDICAL MEDICAL	CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour e.m., p.m. 19 20d. INJURY OCCURRED 20e. PL Whita Not Whita 16 work et work 12. I certify that I took charge of the remains described above, he death resulted from. Natural causes Accident Signature  EXAMINER'S NAME (Type)  BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETRY C.	eld an Autopsy, cide Homicide CHIEF MEDICA ASSISTANT MI DEPUTY MEDIC Addrass (Streat R CREMATORY	Inspection  Inspec	determined ma	anner I	OATE SIG	opinion  NED



		MARYLAND STAT Division of STATISTICAL RESEARCH AND RECO	E DEPARTMENT C		ODE 1 MADVIAND
TATE	(	1334 MEDICAL EXAMINE		E OF DEATH	
DEPT.	1, 1	LACE OF DEATH	2. USUAL RESIDENCE	E (Where deceased lived, If	institution; Residence before admissio
		. COUNTY Talbot MARYLAN	a. STATE ///	and b. cour	
ľ	-	CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)		outsida corporate limits, write	RURAL and give nearest lown)
		Inappe 1 week	Trap	pe	~ /
1		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS		e, IS RESIDENC ON A FARM
		Marshall Nursing Home			YES YES NO
		NAME OF First Middle	Last	4. DATE Mont!	Day Year O
	5.	Type or print)  John Henry Moveal  EX   16. COLOR OR RACE  7 MARDIEN     NEVER MARDIEN		DEATH	<u>1/4 1888</u>
		I - I - I - I - I - I - I - I - I - I -	8. DATE OF BIRTH	last birthday)	Months Days Hours Min.
-		USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDU	STRY   11 BIRTHPLACE (State or	97 yrs.	12. CITIZEN OF WHAT COUNTRY
	dor	during most of working lifa, even if retired)  CAPENTEA	Maruland	Total gri acum y	USA
-	13.	PATHER'S NAME	14. MOTHER'S MAIDEN H	AME	43/1
1	u	illiam H. MoNeal	Louise W	alben	
-	15,	WAS DECEASED EYER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 11, no, or unknown] [lifyesgivewarordetesofservice]		Address	
l		no 220-14-7152 g	ohn B. Althrat	er. Trappe. 1	Not."
		18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]		11	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			
		/74/\ DUE TO ()			
1		Conditions, if eny, which (b)			
-		(a), staling the undarlying DUE TO			
اء	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	TEN IN PART I(a) 19 WAS AUTORS
31	CERTIFICATION				PERFORMED?
	THC	206. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURE	RED, (Entar nature of injury in Per	1 I or Pert II of item 18.)	163 [] NO [
	ĕ	PRIMARY Or CONTRIBUTING			
-	MEDICAL		PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.)	20f. (City or town)	(County) (State)
	MED	Hour a.m.   While Not While p.m.   19   at work   et work	raciory, siraer, office biog., alc.,		
- 1		21. I certify that I took charge of the remains described above,	held an Autopsy , Ir	rspection 🔀. Inquir	y and in my opinion
-		death resulted from: Natural causes . Accident . 5	urcide 📄. Homicide 🛭	. Undetermined m	anner 🗌
		1 / Much	CHIEF MEDICAL EX	AMINER	
		SIGNATURE DOWN / VULTY	M.D. ASSISTANT MEDIC	AL EXAMINER	DATE SIGNED
		EXAMINER'S MEMO (MA)	DEPUTY MEDICAL E	4	1-5-67
	22¢.	NAME (Type)  BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERS	Address (Streat, city OR CREMATORY 2	y, town, or county) 2d. LOCATION (City, town	or county) (Stele)
		Burial 1/7/1967 Spring Hill		Easton Ad	, , , , , , , , , , , , , , , , , , , ,
5	23.	FUNERAL DIRECTOR ADDRESS	24a. REC'D	TO DESCRIPTION OF THE PERSON OF	ISTRAR'S SIGNATURE
1	1	AURICE E. NEWNAM & SON, Easton, Md.	DATE JA	N 9 1967	Mlane 1
1					Jan



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 013350 artificate be executed within 24 haurs after death death funeral s I and 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o STATE b. COUNTY arvland ease remave carban papers. Pages I and in any event, within 72 hours after MARYLAND Caroline c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 write RURAL and give nearest town) Rural Henderson filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARMS None LOVIA and campletely fil remave carban p 3. NAME OF Middle 4 DATE OF First Lost Month Doy Year DECEASED MOV9an DEATH 19 6 Type or print) noinos. IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX DATE OF BHOTH AGF (In years 6 COLOR OR RACE **NEVER MARRIED** Doys iost birthday) Months Hours male Vhite Feb. 19,1889 WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT IDo JSUAL OCCUPATION (Give kind of work done during mest of working life, even if retired) INDUSTRY Farming COUNTRY? Maryland IISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar remaval. affending pur Morgan Annie Schultz 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service 230-34**-**75**0**9A organ Henderson INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE TO Page 4 may be retained by the haspital ar attending physician 4000:0 DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO te has been s use as the bath ball stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health 1 NO CERTIFICAT this certificate þ 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 4 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a m. Not While factory, street, office blda, etc.) While of work ot work O FUNERAL DIRECTOR: After 19\_\_\_, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 1 director, page 3 should should be filed with the and that death accurred at 1/ 05 M, fram causes and an the date stated above. 19/0 saw the deceased alive an-**SIGNATURE** 22b. DATE SIGNED 220. ATTENDING STAFF PHYS. DIRECTOR M D 22d. ADDRESS PHYSICIAN'S NAME (Type) John N. Robinson Earton Marry and 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION (County) REMOVAL SPACIFY) -29-67 Greensboro Greensboro Maryland REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01336 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss on) ). PLACE OF DEATH requires that the death certificate be executed within 24 haurs after deat the funeral o. Waryland Tab COUNTY a. COUNTY MARYLAND burial-transit permit. Then please remave carbon papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after filled in by the ... Pages c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C SENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) Easten, Maryland d STREET ADDRESS S RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? Bex# 151.Easter, Md. NO 4 DATE Middle Day Year carban 3 NAME OF Lost DECEASED 19 DEATH (Type or print) IF UNDER 24 ARS AGE (In years IF LINDER 1 YEAR DATE OF BIRTH 5 SEX NEVER MARRIED 6 COLOR OR RACE MARRIED birthday) Months Hours Doys Male Oct.11.1911 DIVORCED WIDOWED attending physician and sermit. Then please rem 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 106 KIND OF BUSINESS OR 10a USUA: OCCUPATION (Give kind of work done NINDUSTRY COUNTRY? during most of warking inte, even if refired) Easten, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Murray Henrietta Chase 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO permit. (Yes, na, ar unknown) (If yes give war or dates of service) Nammie W. Murray (widow) INTERVAL BETWE 18. CAUSE OF DEATH (Enter anily one cause per line for (a) the ONSET AND DES burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) signed by be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO far use as the b i Health priar to b stating the underlying couse Page 4 may be returned by the certificate has been to FUNERAL DIRECTOR: After this certificate has been to FUNERAL DIRECTOR. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached t should be filed with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home form, factory, street, office bldg., etc.) Hour a.m. Not While 19 at work at work 21. I certify that (1) (this hospital) attended the deceased fram M, from causes and an the date stated abave. and that death occurred at saw the deceased alive an\_ 22b. DATE SIGNED 22a, SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS 22d ADDRESS SICIAN'S R. Lame Wroth M. D. Michaels, Maryland 1/8/67 NAME (Type) St. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE THEREOF 23g BURIAL, CREMATION REMOVAL (Specify) Talbot Jan. 14,1967 Sandtewn Cometery Md. Easten. 2Sq. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 6

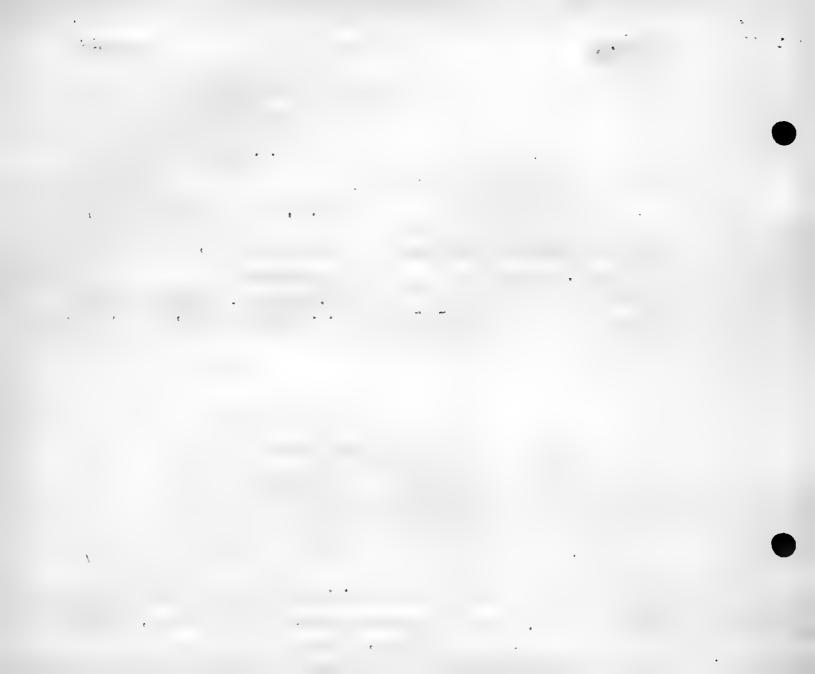


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and 2 in 72 hours after death. 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) Talbox MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write-RURAL and give nearest tokin) months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE d. STREET ADDRESS ON A FARM? Rio Vista Nursina Home NOC YES completely 1 executed within NAME OF Middle Last DATE Month Day Year 4. DECEASED i and complet remove carb n any event, i OF 1967 Ida May Newnam (Type or print) DEATH 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR OATE OF BIRTH UNDER 24 HRS 7. MARRIED NEVER MARRIED dast birthday) Months Days Hours Female WIDOWED DIVORCED [ physician a in please re ival, and in a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate be during most of working life, even if retired) INDUSTRY USA COUNTRY? Housework 13. FATHER'S NAME Peter S. Stevenson Sarah E. Buckley 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address in signed by the atternation burial transit permit Nancy Newton Swathmore. 18. CAUSE OF DEATH [Enter only one cause per for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 1011 DUE TO Caeracy Conditions, If any, which (b) R: After this certificate has been ould be detached for use as the b the State Dept. of Health prior to b gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO IX YES 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert | or Part | of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJUNY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bidg., etc.) Hour a.m. While Not While at work 19 at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 19. that (I) (we) last saw the deceased alive on and that death occurred \_M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. Mur Mes DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDI ESS NAME OF CEMETERY OR CREMATORY LOCATION (City, jown or county) 23a. BURIAL, CREMATION, 23d (State) Uxtord REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01338 CERTIFICATE OF DEATH be executed within 24 hours after death lease remove corbon popers. Pages I, one 2 and in ony event, within 72 hours after beoth and completely filled in by the funeral, remove corbon popers. Pages I, one PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) a COUNTY o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate 1 mits, c LENGTH OF STAY IN 16 write RURA, and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO NZ YES. 3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED OF DEATH 19 6 Type or print S SEX DATE OF BIRTH AGE (In years last birthdoy) IF UNDER 1 YEAR JF JNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Hours WIDOWED DIVORCED 7.3 yrs. 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) duoromost of working life, even if refired) INDUSTRY COUNTRY? 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME director, page 3 should be detached for use as the buriot-tronsit permit. Inen pi should be filed with the State Dept. of Health prior to buriol, cremation, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT requires that the death no ar unknown) (If yes give wor or dates of service) INTERVA, BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY signed by the buriof-tronsit p IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar ottending physicion. DUE TO Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the last. WAS AUTOPS)
PERFORMED?
'ES NO PART II OTHER SIGNIFICANT-GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I of Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram-1927, that (I) (we) last and that death accurred at 10 M, fram causes and an the date stated above. saw the deceased alive an 220 SIGNATURE DATE SIGNED MED -DIRECTOR STAFF PHYS. **ATTENDING** M.D PHYS. 22d ADDRESS PHYSICIAN'S NAME (Type 235 NAME OF CEMETERY OR FREMATORY 23a. BURIA., CREMATION REMOVAL (Specify) ACCATION (City or Town) (State) ark 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66

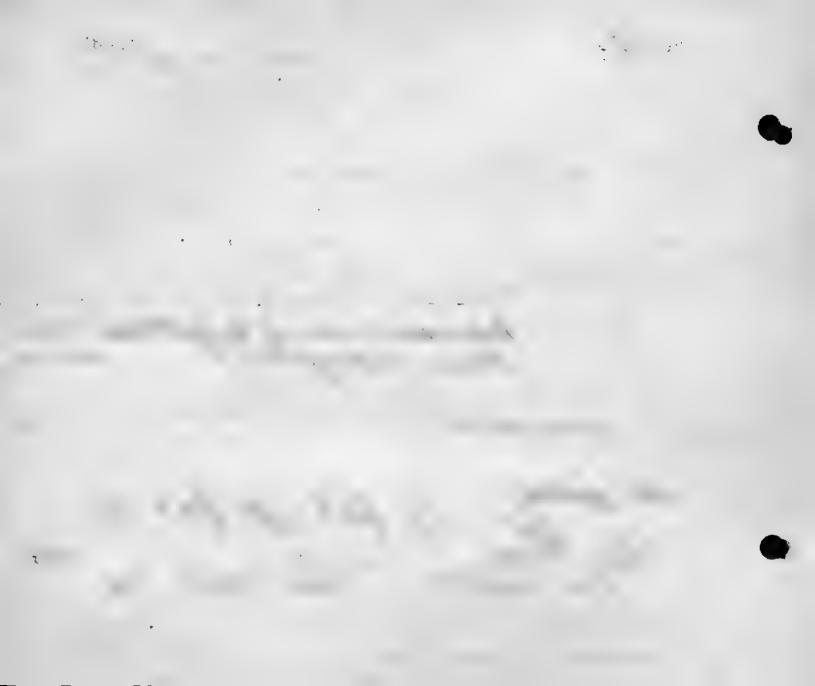
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after death.  the funeral ges 1 and 2 after death.	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admissio b. COUNTY
ter he f s 1 fter	TALBOT MARYLAND	MARYLAND TALBOT
by the Page	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town
24 hours filled in by apers. Pa n 72 hours	## ## ## ## ## ## ## ## ## ## ## ## ##	ss) d. STREET ADDRESS e. IS RESIDENC
	HOUSE IN THE PINES-EASTON	ON A FARM? YES □ NO 🕏
tthin 24 h rtely filled bon papers within 72	3. NAME DF DECEASED First Middle	Last 4. DATE Month Day Year
d wi carl ent,	(Type or print)	Neesewin DEATH January 22 1967
that the death certificate be executed within sician. gred by the attending physician and completely faltransit permit. Then please remove carbon balt cremation, of removal, and in any event, within all cremation, or removal.	5. SEX 6. COLOR OB RACE MARRIED NEVER MARRIED MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HF 5/19/1892 74 yrs.
lan se ri	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
ate be e hysician please r al, and in	Doctor General Practicioner	Church Hill, Tenn. COUNTRY?
tiffica Power pt	George M. Reeser	14. MOTHER'S MAIDEN NAME Mary de Pew
曹 (1)	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   1	7. INFORMANT Address
he death c y the attern sit permit, mation, of	(Yes, no, or unknown) (If yes give war or dates of service) 219-32-2845	lenny Reeser. Tilahman. Manyland
ne d the matic	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEL ONSET AND DEATH
ulres that the of physician. In signed by the burial-transit is burial, cremating the purial of the	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Continuately	enter heart deserve 5 yrs.
hysich Signe Trial-	Conditions, if any, which	
requires ding phy been sig the buri or to buri	gave rise to immediate cause (a), stating the DUE TO	
daw re ttendii has bu as th prior	underlying cause last. (c)	
SICIAN: The law requires that thospital or attending physician. s certificate has been signed biched for use as the burial-tranipt, of Health prior to burial, cre	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  208. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OF DEATH CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO 2
PHYSICIAN: the hospital this certification detached fo e Dept. of H	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	CCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
<b>新智斯</b>	20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e.   fe   While   Not while   fe   at work   at work   at work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bidg., etc.)
tat be de	B Hour a.m. 19 While Not While p.m. 19 at work at work	
OR ATTENDIN be retained b IIRECTOR: Aff ge 3 should b ed with the Sh	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 18 2 2 and t	hat death occurred at 6 AM, from the causes and on the date stated above
R ATTI	22a. SIGNATURE	22b. DATE SIGNED
At OR hay be had be page tilled	22c. PHYSICIÂN'S NAME (Type)	M.D. PHYS. MED. STAFF /- 23-4
HOSPITAL Page 4 may FUNERAL Director, pageshould be file	NAME (Type)	
TO HOSPITAL OR ATTEND Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		ERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Memorial Park Easton, Md.
61,	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AI5 (4) 20M 1/65	Married E. Neremann Son RASTO	W, Md. DATEJAN 25 1987 Jacobs Judge

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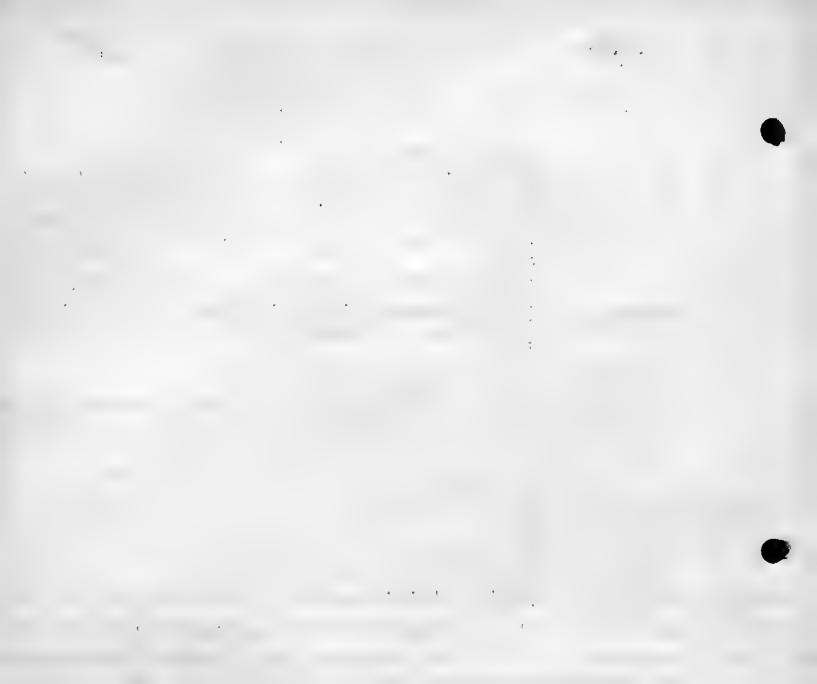
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH per 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on) a. COUNTY b. COUNTY albot Md . Tal bot MARYLAND b. CITY OR TOWN (if outside corporate limits, & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RUSAL and give nearest town) life Rural Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARMZ YES NO TA 3 NAME OF Midd a 4. DATE Month DECEASED OF Bertha Schäätzhauer 67 (Typa or pr.nt) Anna DEATH 10 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last bightday) | Months | Days Hours WIDOWED DIVORCED certificate physician 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (County & State, or foreign country. . 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
house wife Shell Creek. Neb. USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Henry Plugge Catherine Mever IS. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (If yes give war or dates of service) Schlotzhauer, Cordova, Md Miss Emma C. 18. CAUSE OF DEATH [Enter only one cause per one for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMED: ATE CAUSE (a) DUE TO Conditions, if any, which ' gava rise to immediate causa **DUE TO** (a), stating the underlying cause last. PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? YES [ NO D 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 296. TIME OF INJURY Month, Day, Year 20d, INURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f, (City or fown) (County) (Stata) White Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from death occured at saw the deceased alive on 22a SIGNAL DIRECTOR MD. ADDRESS 22c, PHYSICIAN'S 23d, LOCATION (City, lown or county) 238, BURIAL, CREMATION, 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) \$ 0 to \$ Easton. Springhill Cemeterv Buria Md . 256. REGISTRARIS SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A1S (4) TSM 7 61



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH. 01343 requires that the death certificate be executed within 24 hours after death completely filled in by the funeral nove carban papers. Pages 1 and 3 y event, within 72 hours after degih 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) and in any event, within 72 hours a write, RURAL and give negrest tawn) ASTON IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS YES NO 🔀 NAME OF 4 DATE Month Year remove corban DECEASED 0F 19/2 DEATH (Type or pnnt) 5 SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Manths Days Hauts WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g USTIAL OCCUPATION (Give kind of work dene COUNTRY? during mast af working life, even if retired) INDUSTRY × 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME prior to burial, cremation, or removal, INFORMANT 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (I) If yes give war or dates of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) yd bangis **DUE TO** Conditions, if only, which gave rise to immediate couse (a). DUE TO stating the underlying cause has been use as the last 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use should be filed with the State Dept. of Health NO O FUNERAL DIRECTOR: After this certificate 20th ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While 19 at wark at wark 2). I certify that (1) (this haspital) attended the deceased from 12 - 3/ . 196 7/5 ta . 19 ...... that (I) (we) last 1964, and that death occurred at 50 M, from couses and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE STAFF 1/10/67 M.D DIRECTOR PHYS. 22d. ADDRESS 1/10/67 22c. PHYSICIAN'S O HOSPITAL NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BUR AL CREMATION 23b. DATE THEREO ADDRESS: 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



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		E OF ASED or print)		MERR	ILL	E.	Middle SPENCER	Last	4. DATE OF DEATH	Month Jau	nuary a	Dey 23,	Y••	
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	ál ľ	ART II. OLD	A	( )	DITIONS CO	~ <i>()</i>	. 1 -16	T RELATED TO THE TERM	UNAL DISEASE	CONDITION GIV	EN IN PART	I(e) 19.	. WAS A	AUT OF DRAKED
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	₽ PRIM	EXTERNAL OF C	CONTRIBU	TING []										10.
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p	20c. 21. deal ACT SIGI EXAM 220. BURK. REMC	ARY or C SE OF DEAT!  TIME OF IN.  Hour a.m. p.m  I certify  th resulted  VURL  NATURE  MINER'S  ME (Type)  AL, CREMAT  DVAL (Specia	CONTRIBUTE.  H.  UURY  n.  that I to d from:	Month, Day, 19 pook charge Natural Louis b. DATE THE	White the recauses S. W. REOF	mains de Acc	While fac work fac work fac work fac scribed above, he ident . Suice May be suice fac work fac	ide	Inspection Und. EXAMINER COICAL EXAMINER COICA	Inquir lettermined m	panner ()	and in	(State	pini ener



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01345 executed within 24 hours ofter death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funeral love corbon papers. Pages 1 ond eot PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY Queen Anne's ofter MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give neasest town) b. CITY OR TOWN (If ourside cordorate limits LENGTH OF STAY IN 1b write RURAL and give negrest terms burial-transit permit. Then please remove carbon papers. Pac burial, cremotion, ar removal, and in ony event, within 72 hours Grasonville B IS RESIDENCE ON A FARM? d STREET ADDRESS (If not in hospital, give street, address) YES NO 3. NAME OF First Lost 4. DATE Month Doy Year DECEASED (Type or print) OF 196 DEATH IF UNDER IF UNDER 24/HRS DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Hours Days DIVORCED 1/10/67 Female Negro 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of Mork dane during most of working life, even if refired) KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) e e **COUNTRY?** INDUSTRY Talbot attending paysigner 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Edward Sorrell Gladys Lucille Sydnor 17. INFORMANT Address 16 SOCIAL SECURITY NO. IS WAS DECEASED EVER IN U.S. ARMED FORCES? signed by the attendi burial-transit permit. (Yes, no, or unknown) (If yes give war or dates of service Gladys Sydnor (Mother) Grasonville, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b) ONSET AND DEATH PART 1 DEATH WAS CAUSED BY. - IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physicion.

O FUNERAL LIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, crea Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO -YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form. (State) (City or fown) (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour om. Not While at wark of work 2]. I certify that (I) (this haspital) attended the deceased from 1/10/67 . 19\_\_\_, that (I) (we) last and that death accurred at I/A \_M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b DATE SIGNED MED DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c. RHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (State) 23c. NAME OF CEMETERY OR CREMATORY (County) 230. BURIAL CREMATION 23b. DATE THEREOF incerer action 256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Memorial Hospital Easton, Maryland

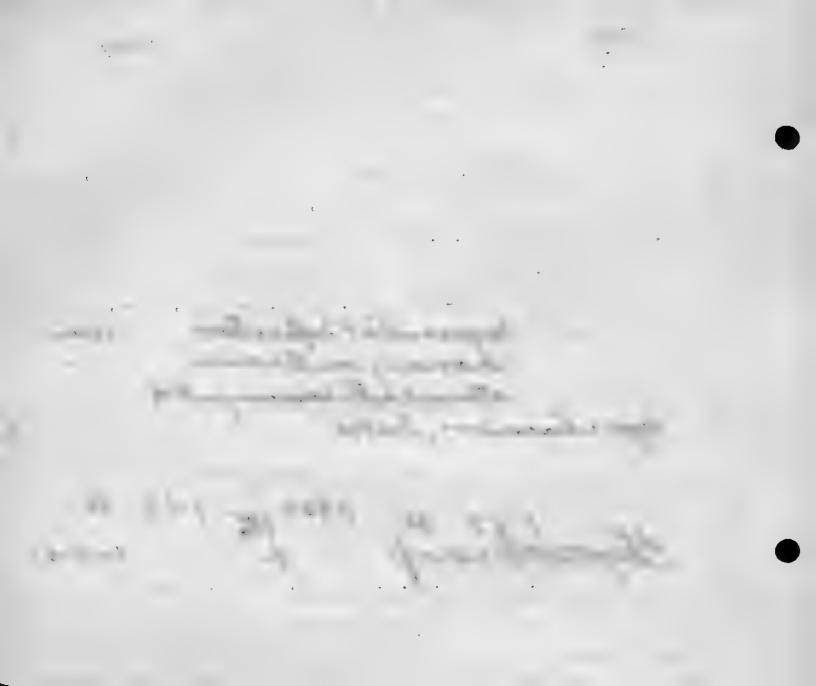




MARYLAND STATE DEPARTMENT OF HEALTH



_	DIVISION OF STATISTICAL RESEARCE	-		EALIN REET, BALTIMORE 1,	, MARYLAND
५ विष्	01348	CERTIFICATE	OF DEATH	013	145
S. P. F.	PLACE OF DEATH L. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE ( 6. STATE Mary1	h COUNTY	utioni Residence before edmission) Talbot
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give necrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RUR	
2 =- 2	Rural - Bozman		Rural	- Bozman	2.1
completely filled in papers. Pages thin 72 hours after	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	tal, give streat address)	d. STREET ADDRESS	▼ ¬\dd-	o, IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) BDWIN M.	VAN BIRBER	test 4.	OF	Day Yeer
rithiw 2.	2011211 171		DATE OF BIRTH	9. AGE (In yeers   IF U	ry 17, 19 67
	Male White WIDOWED		lov 3, 1904		nths Days Hours Min.
10a don		D OF BUSINESS OR INDUSTRY		Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret	4 69 4 4	. S. Army	Bel Air, M	aryland	USA
13.			14. MOTHER'S MAIDEN NA		
15.	Armfield F. Van Bibbe	CIAL SECURITY NO. 17. IN	Rebecca M:	ichael Address	
15. (Yes	I, no, or unkown) [If yes give wer or detes of service]			n Bibber, Bozma	on Manufand
	18. CAUSE OF DEATH  Enter only one cause per line	e for (e), (b), end (c).)	D 9 C	DIUDEL, BUZIN	INTERVAL BETWEEN
cremation, or	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	reardeal	mound	eors	15 ween _
	by DUE TO		0	-	_
	Gonditions, if any, which gave rise to immediate cause (b) DUE TO	mary o	cear		~
	(a), steting the underlying ceuse lest.	rae le donte	i coranar	wantd	Nagari
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	PART II OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DEEASE CONDITION GIVEN II	PART 1(e) 19. WAS AUTOPSY PERFORMED?
	Heperteren	s, Esso	1,		YES NO V
CERTIFICATION	20a. ACIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Par	it   or Pert    of item 18.	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. IN Hour a.m. While	UURY OCCURRED 20a, PLAC	TE OF INJURY (Home, farm, iry, streat, office bldg., etc.)	20f. (City or town)	(County) (Stete)
¥	p.m. 19 si work	at work	1610	1-17-	16
	21. I certify that (I) (this hospital) attended		1 4 6 0 13		., 1900, that (I) (we) last
	saw the deceased alive on	180.4., and that	death occurred at	M, from the causes and	on the date stated above.
	Mummoneex	eens mi	ATTENDING MED.	STAFF	1-18-6 3 GNED
	22c. PHYSICIAN'S NAME (Type) CHY M DEBCER	. /	22d. ADDRESS		
	GOI M. REASER,	Jr.,/M. D.		els, Maryland	
	REMOVAL (Spacify)	23c, NAME OF CEMETERY C		3d. LOCATION (City, town of	
24	Burial Jan 19, 1967  FUNERAL DIRECTOR'S SIGNATURE	Speseutia Cem		Perryman, Mary	LAR'S SIGNATURE
1/	1/ante ten 9/arria	N VI mic	Rails DATE JA	1 19 1967	raves Judal
~12,		7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· md	-	(/



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Apletely filled in by the funeral e carban papers. Pages Lend a. COUNTY b. COUNTY signed by the attending physician and chaptely filled in by the fur burial-transit permit. Then please remave carban papers. Pages Lurial, crematian, or remaval, and in any event, within 72 hours affer MARYLAND b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If au side corporate Amits, write RURAL and give nearest town) write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) NO YES 📑 3 NAME OF Middle 4. DATE Month Doy Year DECEASED 0F 19 (Type or print) DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE 7, MARRIED **NEVER MARRIED** 8. DATE OF BIRTH brithday) Jost, Months Haurs WIDOWED DIVORCED 12 C TIZEN OF WHAT 1Ga. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) during most of working life even if retired) INDUSTRY MARK 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANI (Yes, ny, or unknown) (If yes give war or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. **D FUNERAL DIRECTOR:** After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-tran shauld be filed with the State Dept. af Health priar ta burial, cre-DUE TO Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? directar, page 3 shauld be detached far use shauld be filed with the State Dept. of Health NO YES 20o ACCIDENT WAS UNDERLYING TO 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 18.1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a.m. factory, street, office bldg., etc.) at wark at work and that death accurred at 9 28, M . 19\_\_\_, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram M, fram causes and an the date stated above. saw the deceased alive an 22b DATE SIGNED 22a SIGNATURE M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) AN 23 1967 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01350 01347 filled in by the funeral n papers. Pages 1 and 2 ithin 72 haurs offer death. death. executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE h COUNTY MARYLAND ARILAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If adtaide corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN .1b write RURAL and give nearest town) ease remave carban papers. Pag and in any event, within 72 haurs STON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OLFBE NOAD YES 1 NO X 3. NAME OF Middle 4. DATE Month Dov Year campletely DECEASED OF DEATH (Type or print) 196 S. SEX 6. COLOR OR RACE 7. MARRIED 区 REVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF LINDIR 1 YEAR IF UNDER 24 HRS last buthday) Months Dovs Hours FEMALE WHITE WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPPACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY physician WASHINGTON, D HOUSEHOR 13. FATHER'S NAME MOTHER'S MAIDEN NAME burial, crematian, ar remayal. WAS DECEASED EVER IN U.S. ARMED FORCES? death 16. SOCIAL SECURITY NO INFORMANT (Yes ho, or unknown) If If yes give war or dates of service) requires that the 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove rise to immediate couse (o). DUE TO stating the underlying cause has been be detached far use as the State Dept. af Health prior ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ATTENDING PHYSICIAN: The TO FUNERAL DIRECTOR: After this certificate YES NO 200. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not While 19 ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 500 to 19\_\_\_\_, that (1) (we) last be retained director, page 3 shauld shauld be filed with the and that death accurred at 1 saw the deceased alive an M. fram causes and an the date stated above. 22o. SIGNATURE 1/9/67 STAFF PHYS. Ŧ. TO HOSPITAL OR M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22dEaston. aryland Robert W. Trever NAME (Type) 1/9/67 234. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) REGISTRAR'S SIGNATUR FUNERAL DIRECTOR REC'D BY REGISTRAR 250. 25b. VR A15 (4) 20 M 1/66

TARIN TARING 

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral and 2 death. and 2 death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTY Pages 1 after b. COUNTY Talbox Talbox MARYLANO b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours asten (rural) 1etime aston rural = etely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES K NO within etely completely ve carbon NAME OF 3. Middle Last 4. DATE Month Day Year DECEASED John Malin Williams remove carb 1967 AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS. | Months | Oavs | House 1 Age | House (Type or print) DEATH executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIEO NEVER MARRIEO and male WICOWEOX DIVORCEOF 10a. USUAL OCCUPATION (Give kind of work done 5 12. CITIZEN OF WHAT 10b, KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) cian during wast of working life, even if retired) COUNTRYS INOUSTRY and Talbot Maruland t armuna ing physic Then plea certificate 14. MOTHER'S MAIOEN NAME 13. FATHER'S NAME remova harles Williams Emma Malin endi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 6 death (Yes, no, or unknwn) i (If yes hive war or dates of service) transit permit cremation, or Robert M. Williams. the 18. CAUSE OF DEATH [Enter only one cause per lige for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND GEATH teriorderetz condir-vasc disease -transi à PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed been signed the burial-tr or to burial, DUE TO law requires Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the prior underlying cause last. (c) SB PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY use for use Health PERFORMEO? CERTIFICATI The certificate NO F YES | 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) ached f this CAL (State) 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) det factory, street, office bldg., etc.) Hour a.m. MEDI Not While After at work at work p.m. P 21. I certify that (I) (this hospital) attended the deceased from to DIRECTOR: age 3 should iled with the from the causes and on the date stated above. saw the deceased alive and that death occurred at 22a. SIGNATURE page in M.D. PHYS. DIRECTOR FUNERAL HOSPITAL 22c. PHYSICIAN'S 22d. director, p should be NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. 2 BEMOVAL (Specify) Woodlaum Memorial Park aston REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. NEWNAM FUNERAL HONE, Easton, Md. 196 VR ALS 1/65 20M

01361 11348 to latine S. Albai Agreement make the Suggest studies and a series and a estable in the selection x state star. 54 3881 VIVI Services Solici Description V silve mis multiple plane Begat The about the Millery My whore His Coxening overlained adde. a teriorde oto condo - y an down for you per 13 : 66 1 Cont & eller QUEEN ANNE KURF LEDERER latest that the backers care but last the The way of the state of the